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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Sao Tome and Principe

Proposed indicative UNFPA assistance:	$5.5 million: $2.5 million from regular resources and $3.0 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Seventh
Category per decision 2013/31:	Orange

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.65	2.25	3.9
Outcome 4	Population dynamics	0.48	0.75	1.23
Programme coordination and assistance		0.37	0	0.37
Total		2.50	3.00	5.50

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I. Situation analysis

1. The 2010 poverty survey indicated that 66.2 per cent of the population of Sao Tome and Principe remains below the poverty line. Poverty affects 71.3 per cent of households led by women and 63.4 per cent of those lead by men. The population is largely engaged in self-subsistence family agriculture, which is affected by climate change, in particular rising temperatures and a simultaneous decline in rainfall, while the country is threatened by rising sea levels and the erosion of coastal areas. The economy grew by 4.4 per cent in 2014. In the medium term, the economy is expected to improve slightly, with projected real gross domestic product growth of 5 per cent in 2016. Sao Tome and Principe is classified as a lower-middle-income country, and is considered a fragile state, mainly due to its economic vulnerability and insularity.

2. In order to accelerate inclusive and sustainable economic growth, reduce the poverty rate and create jobs, the Government adopted an agenda of transformation in 2014 that sets the priorities for 2030, with the aim of mobilizing private investors to invest in the country and reduce its dependence on external aid. This agenda is based on two pillars: (a) strengthening social cohesion and the internal and external credibility of the country; and (b) accelerating sustainable growth and job creation, poverty reduction and the promotion of food security. In 2015, the country produced the first draft of a demographic dividend profile, which calls for the capitalization of the young and active population in the development strategies.

3. At the end of 2015, Sao Tome and Principe reached Millennium Development Goal (MDG) 2 on universal education, with a net primary school enrolment rate of 99 per cent, and MDG 4 on the reduction of infant mortality, with an infant mortality rate of 38 per 1,000 live births. Although maternal deaths have decreased from 158 per 100,000 live births in 2009 to 74 per 100,000 live births in 2014, the country has not yet achieved the target for this goal which was 62 per 100,000 live births.

4. The population of Sao Tome and Principe is about 193,712 in 2016, with an annual population growth rate of 2.45 per cent. The average life expectancy is 65 years: 63.6 years for women and 70.1 years for men. The total fertility rate was 4.4 children per woman in 2014, a slight decrease from 4.9 in 2012. The contraceptive prevalence rate for modern methods increased from 30.7 per cent in 2009 to 37.4 per cent in 2014. Sixty per cent of the population is below 25 years old, representing a potential demographic dividend on which the country has not yet capitalized.

5. The expansion of reproductive health and information services has led to improvements in several indicators related to child and maternal health. For example, 92.5 per cent of births are attended by a health professional; 97 per cent of health facilities provide maternal and child health services and family planning. However, many family planning needs remain unmet and early pregnancy is still high at 27.3 per cent. Sociocultural barriers have also affected the use of family planning. The country has seven health centres, two of which require facilities to provide emergency obstetrical and neonatal care. These two health centres are located in districts that serve about 35 per cent of the population of Sao Tome.

6. The overall prevalence rate for HIV/AIDS was 0.5 per cent in 2014; the rate was 1.7 per cent for Principe. The HIV prevalence for young people aged 20-29 years was 0.8 per cent for females and 0.5 per cent for males in 2014. The Government has a budget line for reproductive health commodities, and the overall amount allocated in 2016 to the health sector is about 14 per cent of the total budget.

7. Significant progress has been made in reducing gender disparities in national legislation and policies. The proportion of seats held by women in the national parliament has doubled to 18 per cent in 2014, from 9 per cent in 2012. Overall literacy rates have reached 93 per cent for men aged 15-49 years, and 85 per cent for women. Despite these gains, the country's 2014 gender development index rating was 0.891, ranking it 115 out of 187 countries, with a low equality rating between men and women on the human development index, owing largely to the maternal mortality ratio and adolescent fertility rate. Recent

data on gender violence is not available. The authorities have approved the national strategy on gender-based violence, which includes two laws, to punish the aggressor and to protect victims and set up a gender-based violence prevention and care network.

8. Key disaggregated population data by sex and age are collected through the national census, the demographic and health survey and the multiple indicator cluster survey. Regular availability of disaggregated data has been affected by the country's limited capacity in data production and in-depth analysis.

II. Past cooperation and lessons learned

9. The previous programme (2012-2016) was implemented countrywide, with a funding of $5.18 million on reproductive health and rights, population and development, and gender equality.

10. In sexual and reproductive health, the programme supported: (a) the capacity-building of 293 service providers in life-saving skills and family planning; (b) 97 per cent of 38 health facilities to provide at least four modern contraceptive methods and voluntary counselling and testing; (c) five out of eight maternities to offer seven maternal life-saving medicines; (d) strengthening of the capacity of half of 38 health centres to provide emergency obstetrical and neonatal care; (e) development of clinic norms and protocols to improve the quality of services; (f) strengthening of the capacity of 180 health professionals in logistic management information system; (g) 100 per cent of basic and secondary schools to promote responsible reproductive health behaviour and HIV prevention among adolescents and youth through the curricula; and (h) the capacity-building of 1,687 teachers and training of 165 peer educators in schools. These interventions contributed to improved birth attended by skilled health personnel, from 81.7 per cent in 2012 to 92.5 per cent in 2014; decreased maternal mortality; and lowering HIV prevalence among youth, from 0.6 per cent in 2009 to 0.1 per cent in 2014.

11. In population and development, the programme supported: (a) the fourth population census by providing technical and financial support to collect, analyse and disseminate data; (b) the development and launching of two web databases: STPInfo for socioeconomic and demographic indicators, and STPCensusInfo for 2012 census population data; (c) the development of advocacy activities to create a positive environment for the integration of population, reproductive health and gender issues in national development strategies and programmes; and (d) the production of the first draft of the country dividend demographic profile.

12. In gender equality, the programme: (a) supported the capacity-building of nine institutions to promote gender equity and equality, including the prevention of gender-based violence; (b) supported training sessions on gender integration and counselling for gender-based violence victims; and (c) provided technical assistance to update the national gender strategy and develop a national strategy against gender-based violence. With this support, the country produced its first report on the implementation of the Convention on All Forms of Discrimination against Women, and operationalized the network on gender-based violence prevention and care.

13. Despite progress, the country still faces several challenges, including: (a) high unmet demand for family planning (32.7 per cent); (b) a low contraceptive prevalence rate at 37.4 per cent, compared to the government commitment of 50 per cent; (c) high early pregnancy at 27.3 per cent; (d) persistence of sociocultural barriers to family planning; (e) a weak multisectoral communication strategy to promote behaviour change for family planning; (f) limited engagement with midwives associations on the standards of their curricula; (g) the need for regular disbursement of domestic resources to cover commodities needs; (h) the need to strengthen the sexual and reproductive education programme in and out of schools at the district level, with a focus on girls; (i) the need to improve the technical knowledge and capacity on the demographic dividend; (j) the need to strengthen the quality of data and its further disaggregation for planning and monitoring, targeting the district and local population better and bolstering expertise in data production and in-depth analysis;

and (k) the need to strengthen the monitoring and evaluation components of the programme.

III. Proposed programme

14. The proposed programme takes into account the findings of the country analysis, the priorities of the United Nations Development Assistance Framework (UNDAF), the conclusions and recommendations of the final review of the previous programme, and the country dividend demographic profile. The programme is aligned with the 2030 national transformation agenda and the national sustainable development goals. It also takes into account the country's 2015 commitment to the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030, in support of Sustainable Development Goals 3, 5, 8, 10 and 17.

15. The UNFPA programme will contribute to the following UNDAF outcomes: (a) reduction of disparities and inequalities at all levels through the development and use of social protection and basic social services by the most vulnerable populations; and (b) increased efficiency of central and local public administration and oversight institutions, with guaranteed citizen participation, especially for youth and women. The proposed programme is also aligned with the new business model.

A. Outcome 1: Sexual and reproductive health

16. Output 1: Increased national capacity to ensure universal and equitable access to quality family planning and maternal health services. The programme will: (a) provide technical support to the development of standards and frameworks that improve the quality of services and address district inequalities and disparities; (b) strengthen the gender-sensitive behavioural change communications programme to boost the use of family planning services at the district level, with a focus on girls and the engagement of men and boys; (c) strengthen the skills of service providers in family planning, adolescent and reproductive health and life-saving techniques; (d) provide technical support to improve the procurement and supply chain management system of commodities; (e) support advocacy for an effective budget line for reproductive health commodities and the provision of two facilities to provide emergency obstetrical and neonatal care in Cantagalo and Mezochi; (f) provide technical support to strengthen the implementation of a gender-sensitive comprehensive sexuality education in and out of schools; and (g) provide technical support to the implementation of the Universal Periodic Review related to sexual and reproductive health and rights.

B. Outcome 4: Population dynamics

17. Output 1: Increased national capacity of national institutions to produce, analyse, and manage sociodemographic data, disaggregated by age and sex, for decision-making and development planning. The programme will: (a) strengthen the expertise capacity of demographers and statisticians in the National Institute of Statistics; (b) provide institutional and technical support for data production, processing and dissemination for the preparation of 2021 population and housing census; (c) support demographic and sociocultural studies, in particular on gender-based violence, early pregnancy and emergency obstetrical and neonatal care; (d) provide institutional and technical support in developing a national demographic dividend framework; and (e) strengthen existing population databases to support national and district programme implementation, monitoring and evaluation, in particular for the monitoring of the Sustainable Development Goals.

IV. Programme management, monitoring and evaluation

18. UNFPA will align the management, monitoring and evaluation of the country programme with the monitoring plan and coordination mechanism of the UNDAF, as well as with those set up by the Government to monitor the 2030 transformation agenda and the national sustainable development goals. The United Nations organizations will give priority to joint programmes and will monitor progress jointly as part of their commitment to development effectiveness and accountability under the Delivering-as-One approach.

The country programme will be implemented within the management and accountability structure of joint workplans to be signed by the United Nations and implementing partners. National execution will continue to be the operational modality for the country programme.

19. The Ministry of Foreign Affairs and the Ministry of Economy and International Cooperation will be responsible for the overall coordination of the programme. Departments in the Ministry of Health, the Ministry of Education, the Ministry of Youth and the Ministry of Economy and International Cooperation will implement the reproductive health, youth and adolescents, and population and dynamics outcomes, respectively, in partnership with national non-governmental organizations. The partnership plan and resource mobilization strategy will be regularly updated to reflect engagement with government institutions, civil society and donor entities. Collaboration with other United Nations organizations will take place through joint programmes, where feasible, in order to strengthen alliances and leverage resources in the context of Delivering-as-One.

20. The programme will contribute to planning, monitoring and evaluation as part of the UNDAF results-based management approach. The Government and UNFPA will ensure: (a) compliance with the results-based management approach; (b) accountability; and (c) the security of staff and office property.

21. The UNFPA country office comprises a non-resident country director, based in the regional office in Dakar, Senegal, an assistant representative, a finance and administrative associate and an administrative assistant staff funded from the UNFPA institutional budget. UNFPA will earmark programme funds for two national programme analysts and one driver, within the framework of the approved country office typology. National experts and consultants will be recruited based on the assessment of expertise required to strengthen programme implementation. The country office will seek technical assistance from the UNFPA regional office in Dakar and other country offices, and will promote South-South cooperation.

RESULTS AND RESOURCES FRAMEWORK FOR SAO TOME AND PRINCIPE (2017-2021)

National Transformation Agenda 2030: Strengthening social cohesion and the internal and external credibility
UNDAF outcome 1: Disparities and inequalities are reduced at all levels through the development and use of social protection and basic social services by the most vulnerable populations
Indicators: Gini index. *Baseline (2015):* 33%; *Target (2021): 25%.* Poverty index. *Baseline (2015):* 66%; *Target (2021): 30%.* Poverty gap. *Baseline (2015): 24.8%; Target (2021): 9%.* Maternal mortality ratio. *Baseline (2014): 74 per 100,000 live births; Target 2021: 17 per 100,000 live births.* Neonatal mortality rate. *Baseline (2013): 19.3 per 1,000 live births. Target (2021): 5 per 1,000 live births.*

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Maternal mortality rate *Baseline* 2014: 74/100,000; *Target* 2021: 17/100,000 • Prevalence contraceptive rate *Baseline* 2014: 37.4%; *Target* 2021:50% • Percentage of unmet family planning need *Baseline* 2014: 32.7%; *Target* 2021: 27%	Output 1: Increased national capacity to ensure universal and equitable access to quality family planning and maternal health services	• Percentage of health professionals trained in family planning and adolescent sexual and reproductive health *Baseline 2015:* 42%; *Target 2021*: 60% • Percentage of births attended by skilled health professionals *Baseline 2014:* 92.5%; *Target 2021*: 95% • Percentage of increase of expenditure on family planning from government health budget *Baseline 2014:* 0.15%; *Target 2021*: 1% • Percentage of basic and secondary schools with student associations engaged in prevention of early pregnancy and HIV prevention *Baseline 2015:* 29.4%; *Target 2021*: 60% • Percentage of districts with youth associations engaged in prevention of early pregnancy and HIV prevention *Baseline 2015:* 14%; *Target 2021*: 57%	Ministries of: Health; Finance; Justice and Human Rights; Education; National Institute of Gender; media; Health Training Institute; Youth Institute; student associations; youth associations; United Nations organizations	$3.9 million ($1.65 million from regular resources and $2.25 million from other resources)
National Transformation Agenda 2030: Strengthening social cohesion and the internal and external credibility **UNDAF outcome 2:** The central and local public administration and the oversight institutions are more efficient, with guaranteed citizen participation, especially of youth and women **Indicator:** Percentage of seats occupied by women in national parliament. *Baseline (2015):* 18%; *Target (2019): 30%; Target (2021). 50%.* Percentage of recommendations of Universal Periodic Review accepted and implemented. *Baseline (2015) :0 of 144; Target (2021): 50%*				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): The fifth house census was planned according to internationally agreed recommendation *Baseline 2015*: No; *Target 2021*: Yes	Output 1: Increased capacity of national institutions to produce, analyse and manage sociodemographic data, disaggregated by age and gender, for decision-making and development planning	• Number of national statistics staff specialized in demography and or statistics *Baseline 2015:* 0; *Target 2021*: 4 • Number of socioeconomic databases updated and accessible to users *Baseline 2015:* 2; *Target 2021*: 3 • National demographic dividend framework available and operationalized. *Baseline 2015:* No; *Target 2021*: Yes	Ministry of Economy and International Cooperation; National Institute of Statistic; Division of Planning; United Nations organizations	$1.225 million ($0.475 million from regular resources and $0.75 million from other resources) Total programme coordination and assistance: $0.375 million from regular resources